OMB No.: 0970-0143

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# EARLY HEAD START

## PARENT INTERVIEW

FOR PARENTS OF 3-YEAR-OLD CHILDREN

Public reporting burden for this collection of information is estimated to average 2 hours per response for the interview and assessments, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to ACF Reports Clearance Officer, Paperwork Reduction Project (OMB# 0970-0143), Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, DC 20447. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB number for this project is 0970-0143.

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Conducted for:
Mathematica Policy Research, Inc.
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and

Administration on Children, Youth, and Families U.S. Department of Health and Human Services

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Items 4.16 A-J. PRS. *Parent-Caregiver Relationship Scale*. Copyright James Elicker, Illene C. Noppe, and Lloyd D. Noppe, 1996.

Items various, starting at 5.7. HOME. Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock, 2003.

Items 9.1 A-MM. CBC. Achenbach System of Empirically-Based Assessment, Child Behavior Checklist. Achenbach, Thomas M. and Leslie A. Rescorla. *Manual for the ASEBA Preschool Forms and Profiles*. Burlington, VT: University of Vermont Department of Psychiatry, 2000.

INTERVIEWER: PLEASE NOTE: IN QUESTIONS THAT REFER TO THE PARENT/MOTHER OF

THE FOCUS CHILD, WE MEAN "THE PERSON FUNCTIONING IN THAT ROLE WHO IS THE RESPONDENT." THIS COULD BE THE MOTHER, FATHER, GRANDMOTHER OR SOME OTHER RELATIVE. PLEASE ADAPT THE SPECIFIC QUESTION LANGUAGE AS NECESSARY.

#### INTRODUCTION

Hello. Thank you for agreeing to talk with us (again). As I mentioned (on the phone/when we made the appointment), the entire visit will take about 2 hours. The visit has three parts. (Just as we did last time.) I will need to spend about a half hour with (CHILD), letting (him/her) show me some of the things (he/she) has been learning. Next, I will take out different toys for (CHILD) to play with while I videotape you and (him/her) together. While you, (CHILD) and I are working together, it would be best if we were not interrupted. Finally, I will be asking you some questions about (CHILD) and your family routines. (Many of these questions are the same or similar to questions we asked you when [CHILD] was 2 years old.) As we go along, I will be telling you what we need you to do. And please, if you have any questions, feel free to ask them!

If at any time you need to take a break to take care of (CHILD) (or your other children), please let me know.

All the information you give me is confidential. Neither your name nor (CHILD)'s will be attached to any of the information you give us. If there is ever anything you are not comfortable talking about or doing, please let me know and we will skip that part.

Is this a good time for (CHILD)? We can start with (his/her) activities or with the interview if you think (he/she) isn't at (his/her) best right now.

#### IS THIS A GOOD TIME FOR CHILD?

YES	01 → GO TO SECTION 0
NO	00 → START INTERVIEW, RETURN TO SECTION 0 WHEN CHILD IS READY

## SECTION 0 CHILD ASSESSMENT AND VIDEOTAPE

INTERV	IEWER: WHEN ARE YOU DOING THE BAYLEY?
	AT START OF VISIT
	AFTER START OF QUESTIONNAIRE 00 → Which section?
INTROD	UCTION TO THE BAYLEY:
0.1	Now I would like to give (CHILD) a chance to show us some of the skills (he/she) has been learning. These activities are designed to be fun for children and we think (he/she) will enjoy most of them.
	I will need a few minutes to get my materials set up. Would you please see if (CHILD) needs anything such as (changing/a bathroom break) or a snack so that (he/she) will be comfortable. (Also, we need to make sure that the other children let (CHILD) do these tasks by (him/her)self).
0.2	All the toys we will use are non-toxic, clean and safe, and have been thoroughly washed. We don't expect (CHILD) to be able to do all the tasks. They are designed for a wide range of children. Please don't try and help (him/her) out.
	WHEN YOU DO THE BAYLEY, IF POSSIBLE, HAVE THE PARENT COMPLETE THE SELF ADMINISTERED QUESTIONNAIRE. QUESTIONS IN THE SAQ ARE 1.1, 1.2, 1.3, 7.1-7.3, 9.1 AND 10.1-10.5.

PROCEED WITH BAYLEY BOOKLET.

WHEN CHILD HAS HAD A BREAK, ADMINISTER THE PPVT-111.

#### **SECTION 1**

#### **RAISING A CHILD**

1.0		INTERVIEWER: DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS (SAQ 1)?
		YES
1.1 P\$	51 S	ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE ii FOR FULL CITATION.

1.2 ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE ii FOR FULL CITATION.

PSI

1.3 ITEMS DELETED FROM THIS VERSION.

#### **SECTION 2**

#### **CHILD'S HEALTH**

(The next/my first) questions are about (CHILD)'s health.

2.1 NHI	Overall, since (THIS MONTH) of last year, would you say (CHILD)'s health has been  PROBE: In the last 12 months.
	CIRCLE ONE
	Excellent, 01
	Very good,
	Good, 03
	Fair, or
	Poor? 05
2.2	A. <u>Since</u> (his/her) <u>second birthday</u> , how many <b>different</b> times has (CHILD) stayed in a hospital for at least one night?
	TIMES
	NONE
	B. Altogether, since (his/her) second birthday, how many <u>nights</u> did (CHILD) stay in a hospital?
	NIGHTS

C.	•	as this/Were any of these) hospitalization(s) because of an accident ury?
		YES
		NO 00 → <b>GO 10 D</b>
	1)	How many of these hospitalizations were because of an accident or injury?
		NUMBER OF HOSPITALIZATIONS
	2)	How many nights did (CHILD) stay in the hospital because of an accident or injury?
		NUMBER OF NIGHTS
D.	Но	DDE WITHOUT ASKING IF ONLY ONE HOSPITALIZATION: w many of the (NUMBER IN Q2.2A) hospitalizations were cause of
	1)	Dehydration/diarrhea?     TIMES
	2)	Asthma/Pneumonia/acute respiratory infection/bronchitis/breathing problems?
	3)	Surgery or an operation? (SPECIFY) .     TIMES
	4)	High fever of unknown cause?    TIMES
	5)	Something else? (SPECIFY)    TIMES
		<u> </u>

2.3	INTERVIEWER CODE: FAMILY LIVES:
	IN AN APARTMENT 01 → A. what floor?
	IN A HOUSE
	PUBLIC SHELTER 03
2.4- 2.8	NO QUESTIONS 2.4-2.8 IN THIS VERSION.
2.9	How often does (CHILD) ride in a private car? Would you say
scs	<u>CIRCLE ONE</u>
	Every day, 01
	A few times a week, 02
	A few times a month, or 03
	Never?
scs	A. When you take (CHILD) in a car, do you <u>usually</u> put (him/her) in a car seat, booster seat, in the regular seat with a seatbelt on, or does (he/she) just sit in the car?
	CIRCLE ONE
	CAR SEAT 01
	BOOSTER SEAT 02
	REGULAR SEATBELT 03
	PARENT'S LAP 04
	NO RESTRAINT 05

B. When you take (CHILD) in a car, does (he/she) <u>usually</u> sit in the front seat or back seat?

#### CIRCLE ONE

FRONT												01	
BACK												02	
VARIES												03	

#### **SECTION 3**

#### **HOUSEHOLD COMPOSITION**

3.1	Not including you and (CHILD), how many other people lived in this (house/apartment) with you last month?									
	PROBE: In the last 30 days.									
	NO ONE ELSEONLY SELF AND (CHILD)									
3.2	Are any of these people (your/MOTHER'S) spouse or partner?									
	YES 01									
	NO 00									

3.3 How (are these people/is this person) related to (CHILD)?

#### CIRCLE CODE THEN RECORD NUMBER OF PEOPLE IN BOXES.

CIRCLE ALL THAT APPLY
FATHER
STEPPARENT 02 →   _
AUNT, UNCLE, GREAT-AUNT OR GREAT-UNCLE
GRANDPARENT OR GREAT GRANDPARENT 04 →   _
SIBLING (BROTHER OR SISTER)
STEPBROTHER OR STEPSISTER
NEPHEW OR NIECE
COUSIN
OTHER RELATIVE OR IN-LAW
NON-RELATIVE ADULT (INCLUDE MOTHER'S PARTNER, BOYFRIEND)
NON-RELATIVE CHILD
OTHER (SPECIFY)
MOTHER
FOSTER MOTHER
FOSTER PARENT
TOTAL QUOLUD FOLIAL NUMBER IN CO. 4

TOTAL SHOULD EQUAL NUMBER IN Q3.1

### 3.4 INTERVIEWER: CHECK Q3.1, PAGE 9. DO MOTHER AND CHILD LIVE WITH ANYONE ELSE?

YES	 	 01
NO	 	 00 <b>→ GO TO Q4.1</b>

3.5

I'm going to read you some statements about how the people who live with you get along and settle arguments. For each statement, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with it for your household.



(READ ITEM.) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with this?

#### CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	STRONGLY AGREE	MILDLY AGREE	MILDLY DISAGREE	STRONGLY DISAGREE
A. We fight a lot	04	03	02	01
B. We hardly ever lose our tempers	04	03	02	01
C. We sometimes get so angry we throw things	04	03	02	01
D. We often criticize each other	04	03	02	01
E. We sometimes hit each other	04	03	02	01

#### **SECTION 4**

#### **CHILD CARE**

#### [NO SHOW CARD 2 THIS INTERVIEW]

The next questions are about how much time you and other people spend taking care of (CHILD).

4.1	Is (CHILD) currently being cared for in any <u>regular</u> child care arrangement for two weeks or more <u>while you work, go to school, or participate in some</u> <u>regular activity</u> . Think about child care arrangements like the ones listed on
	this card. By regular we mean arrangements for at least 10 hours per week
	that lasted two weeks or more.

SHOW CARD 3
-------------------

YES	 01 <b>→ GO TO Q4.3</b>
NO	 00

care arrangement for

Is (CHILD) currently being cared for by anyone else on a regular basis? 4.2

4.3 Not counting yourself, how many different child care arrangements are you currently using for (CHILD)?

Please count each sitter or child care provider separately. Count only those that lasted two weeks or more and please count only those that you used at least 10 hours per week.

NOTE: IF RESPONDENT STARTED WITH ONE ARRANGEMENT AND THEN RETURNED TO IT AGAIN AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, COUNT AS SEPARATE ARRANGEMENTS.

		ARRANGEMENT	S
- 1	 	, , <del></del>	

4.4 Are there any other child care arrangements that (CHILD) is regularly in for less than 10 hours a week?

A. How many?

|\_\_\_| ARRANGEMENTS



- 1. CHILD'S FATHER OR STEPFATHER
- 2. YOUR PARTNER OR BOYFRIEND
- 3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT
- 4. ANOTHER RELATIVE OF THE CHILD
- 5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD
- 6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL
- 7. SOME OTHER ARRANGEMENT

THIS PAGE INTENTIONALLY LEFT BLANK.

#### **GRID INSTRUCTIONS:**

RECORD NAME OF CURRENT PROVIDER IN FIRST COLUMN. IF Q4.3 IS MORE THAN ONE, RECORD INFORMATION ON THE ARRANGEMENT CHILD IS IN FOR THE MOST HOURS IN THE FIRST COLUMN. THEN RECORD NAMES OF OTHER CURRENT PROVIDERS IN ORDER OF HOURS OF CARE.

IF MORE THAN ONE PROVIDER USED DURING THE SAME TIME PERIOD, LIST FIRST THE CHILDCARE PROVIDER WHO PROVIDES MOST HOURS OR CARE TO CHILD.

ASK QUESTIONS 4.5 AND 4.5A FOR <u>ALL</u> CURRENT PROVIDERS. THEN ASK QUESTIONS 4.6-4.12 FOR EACH PROVIDER.		1 - MOST HOURS CURRENT
4.5 ECCO	What (is/was) the child care arrangement you currently are using (for the most hours/for the next most hours)?	
SHOW CARD 3	RECORD NAME OF PROVIDER OR PLACE. THEN CODE TYPE OF ARRANGEMENT FROM SHOW CARD 3.	(NAME)
	A. CODE WITHOUT ASKING IF KNOWN: What type of arrangement is that?	TYPE OF ARRANGEMENT  CIRCLE ONE
	1. CHILD'S FATHER OR STEPFATHER	01
	2. YOUR PARTNER OR BOYFRIEND	02
	3. CHILD'S GRANDPARENT OR GREAT-GRANDPARENT	03
	4. ANOTHER RELATIVE OF THE CHILD	04
	5. SOMEONE ELSE WHO ISN'T RELATED TO THE CHILD	05
	6. A DAY CARE CENTER, NURSERY SCHOOL OR PRESCHOOL	06 → GO TO Q4.8
	7. SOME OTHER ARRANGEMENT	07 GO 10 Q4.8
4.6	How old is this person? Is (he/she) 17 or under, 18 to 60, or over 60 years of age?	17 OR UNDER
	oo, or over oo yours or ago.	18 to 60 02
		Over 60 03
4.7	Where does (PERSON) usually take care of	CIRCLE ONE
	(CHILD)?	CHILD'S HOME 01
		PROVIDER'S HOME 02
		BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03
		OTHER (SPECIFY) 04

2 - MOST HOURS CURRENT	3 - MOST HOURS CURRENT	4 - MOST HOURS CURRENT
(NAME)	(NAME)	(NAME)
TYPE OF ARRANGEMENT	TYPE OF ARRANGEMENT	TYPE OF ARRANGEMENT
CIRCLE ONE	CIRCLE ONE	<b>↓</b> CIRCLE ONE
<u>CIRCLE ONE</u>	<u> </u>	01
02	02	02
03	03	03
04	04	04
05	05	05
06 → GO TO Q4.8	06 07 → GO TO Q4.8	06 07 → GO TO Q4.8
17 OR UNDER 01	17 OR UNDER 01	17 OR UNDER 01
18 to 60 02	18 to 60	18 to 60
Over 60	Over 60 03	Over 60
CIRCLE ONE	CIRCLE ONE	CIRCLE ONE
CHILD'S HOME 01	CHILD'S HOME 01	CHILD'S HOME 01
PROVIDER'S HOME 02	PROVIDER'S HOME 02	PROVIDER'S HOME 02
BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03	BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03	BOTH, PROVIDER (IS/WAS) HOUSEHOLD MEMBER 03
OTHER (SPECIFY) 04	OTHER (SPECIFY) 04	OTHER (SPECIFY) 04

		1
4.8	How many months old was (CHILD) when you first used that arrangement for (him/her)?	MONTHS OLD
	A. CODE WITHOUT ASKING IF KNOWN: In what month (and year) did you first use that arrangement?	_ /   MO YR
4.9	About how many hours a week (does/did) (PROVIDER) take care of (CHILD)?	HOURS
4.10	CHECK Q4.5A AND Q4.7. IS ARRANGEMENT BY A RELATIVE IN CHILD'S HOME?	YES01
		NO00
4.11	CHECK Q4.5. IS THERE ANOTHER ARRANGEMENT?	YES 01 → GO TO COLUMN 2
		NO 00 → GO TO Q4.11a

2	3	4
MONTHS OLD	MONTHS OLD	MONTHS OLD
_ /   MO YR	_  /    MO YR	_ /   MO YR
HOURS	_  HOURS	HOURS
	YES	
YES 01 → GO TO COLUMN 3  NO 00 → GO TO Q4.11a	YES $01 \rightarrow GO TO COLUMN 4$ NO $00 \rightarrow GO TO Q4.11a$	YES 01 GO TO Q4.11a

4.11a	A. Other than the child care providers you just told me about, did you regularl
	use any other child care arrangements for (CHILD) since (DATE OF LAS
	PSI)?

YES	 01
NO .	 00 <b>→ GO TO Q4.12</b>

B. How many other child care arrangements have you used regularly to care for (CHILD) since (DATE OF LAST PSI)?

NUMBER OF OTHER ARRANGEMEN	ITS
----------------------------	-----

#### **ELIGIBILITY FOR OBSERVATION CHART**

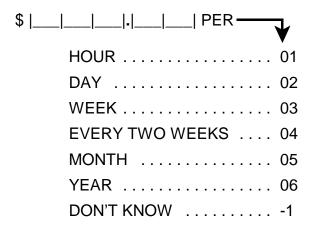
1. <b>BASIC RULE:</b> CARE FOR 2 WEEKS OR MORE AT 10 HOURS PER WEEK OR MORE.			
2.	RELATIVE	NON-RELATIVE	
Child's Home	NOT ELIGIBLE	ELIGIBLE	
Elsewhere	ELIGIBLE*	ELIGIBLE	
4.12 CHECK QUE IS ELIGIBLE START WITI	•	DENTIFY THE PROVIDER WHO ASED ON THE CHART ABOVE. IRS. IF THAT PROVIDER IS	
CONDITI	E A PROVIDER WHO IS ELIGI ONS ABOVE? :S	01	
most hours b YE NC A. ELIGIBLE PR	g [INELIGIBLE PROVIDER]), I societing cared for by (PRIMARY Planes)  CURRENT PROVIDER IS:  ROVIDER NUMBER:	ROVIDER). Is this correct?	

How much (does/did) your household pay for this (program/arrangement)?

RECORD AMOUNT AND TIME PERIOD.

HOUSEHOLD PAYS NOTHING ... 00

CHILDCARE PROVIDED IN
EXCHANGE FOR OTHER
SERVICE ..... 99



4.15 Is this amount for (CHILD) only, or does it cover other children from your household?

#### **CIRCLE ONE**

 CHILD ONLY
 ...
 01

 OTHER CHILDREN
 ...
 02 → A. How many other children?

 DON'T KNOW
 -1

#### 4.16

PRS

Next, I am going to read some statements parents have made about the people who take care of their children. For each one, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (PROVIDER).



(READ STATEMENT.) Do you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement about (PROVIDER).

#### CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

			(DO NOT READ)		
	STRONGLY AGREE	MILDLY AGREE	NOT SURE	MILDLY DISAGREE	STRONGLY DISAGREE
A. You feel that (PROVIDER) genuinely cares for (CHILD)	01	02	03	04	05
B. (PROVIDER) is someone you can rely on	01	02	03	04	05
C. You have a great deal of personal respect for (PROVIDER)	01	02	03	04	05
D. Overall (PROVIDER) is a caring person	01	02	03	04	05
E. (PROVIDER) has the knowledge and skills needed to be a good caregiver	01	02	03	04	05
F. You and (PROVIDER) really seem to value your relationship with each other	01	02	03	04	05
G. You know that (CHILD) really enjoys being with (PROVIDER)	01	02	03	04	05
H. You always trust (PROVIDER) to give (CHILD) good, consistent care	01	02	03	04	05
You really like (PROVIDER) as a person and enjoy being in (her/his) presence	01	02	03	04	05
J. When (PROVIDER) and you disagree about how (CHILD) should be taken care of, it is easy for you to work through your differences	01	02	03	04	05

#### **SECTION 5**

#### **ABOUT CHILD'S FATHER**

5.0	INTERVIEWER: YOU ARE INTERVIEWING
	CIRCLE ONE
	MOTHER
	FATHER 02 → GO TO SECTION 5 SUPPLEMENTFATHER
	GRANDMOTHER 03
	OTHER FEMALE  GO TO SECTION 5 SUPPLEMENT
	RELATIVE (SPECIFY)
	OTHER (SPECIFY)
	<u> </u>
	FOSTER MOTHER 06
	FOSTER FATHER 07
	The next questions are about (CHILD)'s father and other men who might be important to (him/her).
5.1	What is your relationship with (CHILD)'s biological father now? Is he your
	CIRCLE ONE
	Husband, 01
	Live-in partner,
	Boyfriend, 03
	Friend, 04
	Something else, or (SPECIFY) 05
	Are you not in any relationship with him at all?
	SEPARATED/DIVORCED 07

#### **ESTABLISHING MEN TO ASK ABOUT**

#### 5.2 **CODE WITHOUT ASKING IF KNOWN:**

CCDP

Now, I'd like to talk about (CHILD) and (his/her) relationship with (his/her) father. Does (CHILD)'s biological father live with you and (CHILD)?

#### **CIRCLE ONE**

CHILD USUALLY LIVES WITH BIOLOGICAL FATHER	01 <b>→ GO TO Q5.4</b>
CHILD LIVES WITH BIOLOGICAL FATHER SOME OF THE TIME (SPLIT CUSTODY)	02
CHILD DOES NOT LIVE WITH BIOLOGICAL FATHER	03
VOLUNTEERED: BIOLOGICAL FATHER DECEASED	04
DON'T KNOW WHO BIOLOGICAL FATHER IS	05

5.3	This shou	e someone (else) who you consider to be like a father to (CHILD)? ould be someone who spends time playing with (CHILD), taking care /her) and, in general, doing the kinds of things a man who is close to a child might do with (him/her).		
		YES		
		person your husband, partner, boyfriend, or (CHILD's) grandfather, other relative, or someone else?		
		CIRCLE ONE		
		HUSBAND		
		OTHER (SPECIFY) 07		
	B. What	is his relationship to you?		
		BROTHER		
	C. Does	he live in this (house/apartment) with you?		
		YES		
SECTION	<u> 1 5 INSTR</u>	UCTIONS:		
	Q5.2	Q5.3 ASK THE FOLLOWING:		
	01	+ NOT ASKED = SECTION 5A		
	02, 03	+ 00 = SECTION 5B, PAGE 28		
	02, 03	+ 01 = SECTIONS 5B <b>AND</b> 5C, PAGE 28 THROUGH 34		

Q5.2		Q5.3		ASK THE FOLLOWING:
01	+ NC	OT ASKED	=	SECTION 5A
02, 03	+	00	=	SECTION 5B, PAGE 28
02, 03	+	01	=	SECTIONS 5B <b>AND</b> 5C, PAGE 28 THROUGH 34
04, 05, OR NOT ASKED	+	01	=	SECTION 5C, PAGE 32
04, 05, OR NOT ASKED	+	00	=	GO TO SECTION 6, PAGE 35

#### **SECTION 5A**

#### **RESIDENT BIOLOGICAL FATHER**

5.4	CODE WITHOUT ASKING IF KNOWN: What is (CHILD)'s biological father's first name?
ECCO	
	REFUSED
5.5 ECCO	Is (FATHER) currently working, in school, in a training program or is he doing something else?
	CIRCLE ALL THAT APPLY
	WORKING 01
	UNEMPLOYED 02
	LOOKING FOR WORK 03
	LAID OFF 04
	IN SCHOOL/TRAINING 05
	IN JAIL 06
	IN MILITARY 07
	SOMETHING ELSE (SPECIFY) 08
	<u> </u>
	RETIRED 09
	DISABLED 10
	IN TREATMENT 11
	DON'T KNOW1

5.6	Has (FATHER	been living with you since (CHILD)'s second birthday?
	PROBE: For	the whole time?
		3
	A. Since (CH you?	LD)'s second birthday, how many months has he lived with
	<u> </u>	MONTHS
[NO SHO	OW CARD 4 TH	IS INTERVIEW]
5.7		onth, how often has (FATHER) looked after (CHILD) while you so was it
	PROBE: The	last 30 days.
		CIRCLE ONE
	<sub>I</sub> Eve	ry day or almost every day, 01
SHOW CARD	A fe	w times a week, 02
5	A fe	w times a month, 03
HOME	Ond	e or twice, or 04
	Nev	er? 05
5.7A	NO QUESTIC	N 5.7A IN THIS VERSION.

5.7B	And, in a typical day,	do vou, (FATHER)	and (CHILD) get	to eat together?

YES 01 →	Which meals?
NO 00	Which meals? CIRCLE ALL <u>THAT APPLY</u>
	Breakfast 01
	Lunch 02
	Dinner 03

[NO SHOW CARD 6 THIS INTERVIEW]

#### 5.8 **NO QUESTION 5.8 IN THIS VERSION.**

**GO TO SECTION 6, PAGE 35** 

#### **SECTION 5B**

#### **NON-RESIDENT BIOLOGICAL FATHER**

5.9	INTERVIEWER: CHECK Q5.2, PAGE 23. IS THERE A NON-RESIDENT BIOLOGICAL FATHER TO ASK ABOUT (Q5.2=02 OR 03)?	
	YES 01	
	NO	
5.10	CODE WITHOUT ASKING IF KNOWN: What is (CHILD)'s biological father's first name?	
	REFUSED	-
5.11 ECCO	Is (FATHER) currently working, in school or training program or is he doing something else?	
	CIRCLE ALL THAT APPLY	
	WORKING 01	
	UNEMPLOYED 02	
	LOOKING FOR WORK 03	
	LAID OFF 04	
	IN SCHOOL/TRAINING 05	
	IN JAIL/PRISON 06	
	IN MILITARY 07	
	SOMETHING ELSE (SPECIFY) 08	
	RETIRED 09	
	DISABLED 10	
	IN TREATMENT 11	
	DON'T KNOW1	

5.12- 5.13	NO QUESTIONS 5.12-5.13 IN THIS VERSION.
5.13A	Since (CHILD)'s second birthday, has (CHILD) had any contact with (FATHER)?
	YES
	NO
5.14 show	And, in the <u>last</u> three months since (MONTH), about how often has (CHILD seen (his/her) father? Was it
CARD 4	CIRCLE ONE
	Every day or almost every day, 01
	A few times a week, 02
	A few times a month, 03
	About once a month, 04
	Less often than that, or 05
	Never?
5.15 CCDP	In the <u>past month</u> , how often has (FATHER) looked after (CHILD) while you did other things? Was it
	PROBE: In the last 30 days.
CHOW	<u>CIRCLE ONE</u>
SHOW CARD 5	Every day or almost every day, 01
,	A few times a week, 02
	A few times a month, 03
номе	Once or twice, or 04
	Never?

#### 5.15A NO QUESTION 5.15A IN THIS VERSION.

B. And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

YES 01 →	Which meals?
NO 00	CIRCLE ALL <u>THAT APPLY</u>
	Breakfast 01 Lunch 02
	Lunch 02
	Dinner 03

5.16-

5.17 NO QUESTIONS 5.16-5.17 IN THIS VERSION.

5.18 Since (CHILD's) second birthday, how often has (FATHER) done any of the following for (CHILD)

(READ ITEM.) Has (FATHER) done this often, sometimes or never?

#### CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	OFTEN	SOMETIMES	NEVER
A. Bought clothes, toys or presents for (CHILD)?	01	02	03
B. Paid for (CHILD)'s medical insurance, doctor bills, or medicines?	01	02	03
C. Given you extra money to help out?	01	02	03

5.19 Since (CHILD)'s second birthday, have you made a new legal agreement, a new informal agreement, is your old agreement unchanged, or do you now have no arrangement at all with (FATHER)?

	CIRCLE ONE
NEW LEGAL	01
NEW INFORMAL	02
UNCHANGED	03 <b>→ GO TO Q5.21</b>
NOT NEEDED, MARRIED TO FATHER	GO TO Q5.23
NONE	05 GO 10 Q3.23

5.20	Since (CHILD)'s second birthday, did you have to go to court to establish that (FATHER) was (CHILD)'s legal father?
	YES 01
	NO 00
	A. When was a (formal/informal) agreement reached about child support payments? (What month and year?)
	PROBE: Your best estimate will be fine.
	/19    MONTH YEAR
5.21	How much per month is (FATHER) supposed to pay for (CHILD)'s support?
ECCO	PROBE: Your best estimate will be fine.
	\$     PER MONTH
	NONE 00
	A. Since (DATE IN Q5.20A/CHILD's second birthday) how many times have you received money from (CHILD)'s father for (his/her) support?
	TIMES
	NEVER 00
5.22	NO QUESTION 5.22 IN THIS VERSION.

#### **SECTION 5C**

#### **FATHER FIGURE**

5.23	INTERVIEV	WER: CHECK Q5.3, PAGE 24. IS TO ASK ABOUT?	THERE	E A FATHER-FIGURE
		TES	00 →	GO TO Q6.1, PAGE 35
5.24 Ecco	•	estions are about (PERSON IN Q5.3 nan in (CHILD)'s life. What is his firs		, •
	F	EFUSED	-3 →	CONTINUE. READ "HE" OR "FATHER FIGURE" AS THE SUBSTITUTION IN REMAINING QUESTIONS.
5.25		HOUT ASKING IF KNOWN: person you told us about when (CHIL	₋D) wa	s 24 months old?
		'ES		

Is (FATHER-FIGURE) currently working, in school or training program or is he doing something else? 5.26

_	
	E000

ECCO	doning domining diddi
	CIRCLE ALL THAT APPLY
	WORKING 01
	UNEMPLOYED 02
	LOOKING FOR WORK 03
	LAID OFF 04
	IN SCHOOL/TRAINING 05
	IN JAIL 06
	IN MILITARY 07
	SOMETHING ELSE (SPECIFY) 08
	RETIRED
	DISABLED 10
	IN TREATMENT 11
	DON'T KNOW1
5.27	INTERVIEWER: IS THIS A NEW FATHER-FIGURE?
	YES 01
	NO 00 → <b>GO TO Q5.29</b>
	A. What is the highest grade or year of regular school that he has completed?
	CODE GED AS 12
	CIRCLE ONE
	ELEMENTARY SCHOOL 01 02 03 04 05 06
	MIDDLE/HIGH SCHOOL 07 08 09 10 11 12
	COLLEGE
	POST-COLLEGE 17
	DON'T KNOW1

5.28	NO QUESTION 5.28 IN THIS VERSION.	
5.29	Has (FATHER-FIGURE) lived with you since (CHILD'	s) second birthday?
	YES 01	
	NO 00 →	GO TO Q5.30
	A. How many months has he lived with you since (CI birthday?	HILD)'s second
	MONTHS	
5.30	In the <u>past month</u> , how often has (FATHER-FIGURE) while you did other things? Is it	looked after (CHILD)
	PROBE: In the last 30 days.	
	CIRCLE ON	<u>E</u>
SHOW CARD 5	Every day or almost every day, 01	
	A few times a week, 02	
	A few times a month, 03	
HOME	Once or twice, or 04	
	Never? 05	
5.30A	NO QUESTION 5.30A IN THIS VERSION.	
	B. And, in a typical day, do you, (FATHER-FIGURE) together?	and (CHILD) get to eat
	YES 01 →	Which meals?
	NO 00	CIRCLE ALL <u>THAT APPLY</u>
		Breakfast 01 Lunch 02
F 04	NO OUEOTION E 04 IN THIS VERSION	Dinner 03
5.31	NO QUESTION 5.31 IN THIS VERSION.	

## **FAMILY ROUTINES**

The next questions are about some of your family routines.

6.1 номе	CODE WITHOUT ASKING IF KNOWN: Do you have a television?
	YES 01
	NO 00 → <b>GO TO Q6.2</b>
	A. About how many hours is the television on in your home during a typical weekend day?
	PROBE: Your best estimate will be fine.
	_ HOURS
	LESS THAN 1 HOUR 00
НОМЕ	B. Still, thinking about a typical <u>weekend</u> day for your family. How much time would you say (CHILD) spends watching television on a typical weekend day?
	HOURS
	LESS THAN 1 HOUR PER WEEKEND DAY 00
НОМЕ	C. Now, think for a moment about a typical weekday for your family. How much time would you say (CHILD) spends watching television on a typical weekday?
	HOURS
	LESS THAN 1 HOUR PER

6.2	Does (C	HILD) h	nave a r	egular b	edtime	during	the week?
FRQ		YES					. 01
		NO .					. 00 <b>→ GO TO Q6.2C</b>
	A. Whe	n is (CF	∃ILD)'s⊣	regular l	oedtime	e?	
		ll_	:	_			
		•	mes in t that tin		week, l	Monday	through Friday, was (CHILD)
		CIRC 00	<b>LE ON</b>	<b>ONLY</b> 02	03	04	05
	child	to slee	p. Do y	ou (or F	ATHEF	R/FATH	ey do when it is time to put a ER-FIGURE) have a regular n you put (him/her) to sleep?
		YES					. 01
		NO .					. 00 → <b>GO TO Q6.3</b>

D. What kinds of things are part of (CHILD)'s regular bedtime routine?

PROBE: Anything else?

#### **CIRCLE ALL THAT APPLY**

**PROBE:** Comfort toy = teddy bear,

stuffed animal, doll, etc.

Comfort object = blanket, pillow, piece of cloth, etc.

GIVE COMFORT TOY/OBJECT 01 -
BATHE OR WASH 02
CHANGE DIAPER/TAKE TO TOILET
READ A STORY 04
TELL A STORY 05
CUDDLE/RUB CHILD'S BACK 06
PLAY GAME 07
TALK
GIVE DRINK/SNACK 09
SING OR HUM 10
OTHER (SPECIFY) 11
WATCH TV/VIDEO 12
PUT ON PJS
PUT ON PJS
COMB/BRUSH HAIR 14
COMB/BRUSH HAIR

E. How many times in the last week, Monday through Friday, were you (or FATHER/FATHER-FIGURE) and (CHILD) able to follow this type of routine?

**CIRCLE ONE ONLY** 00 01 02 03 04 05

	PROBE:	The same place.
		YES
		NO
	A. Where	e does (CHILD) usually sleep?
		CIRCLE ONE
		IN OWN ROOM 01
		ALONE IN LIVING ROOM 02
		ALONE IN OTHER ROOM 03
		WITH PARENT, IN ROOM 04
		WITH PARENT, IN BED 05
		WITH PARENT AND OTHER CHILDREN IN ROOM
		WITH OTHER ADULT 07
		WITH OTHER CHILDREN 08
		AT SOMEONE ELSE'S HOME (SPECIFY) 09
		<u> </u>
		many times in the last week, Monday through Friday, did (CHILD) go
		CIRCLE ONE ONLY 00 01 02 03 04 05
6.4		ch choice is (CHILD) allowed in deciding what foods (he/she) eats at and lunch? Does (he/she) have
		A great deal of choice, 01
		<u>Some</u> choice, 02
		<u>Little</u> choice, or
		<u>No</u> choice? 04

Does (CHILD) have one regular place where (he/she) usually sleeps at night?

6.3

#### **PARENT-CHILD ACTIVITIES**

## 7.0 DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS (SAQ 2A, 2B, 2C)?

7.1 How many times in the <u>past month</u> have you done any of the following with (CHILD)?

In the past month, how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month?

PROBE: In the last 30 days.

SNOW

**HOME** 

SHOW CARD

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

		More Than Once a Day	About Once a Day	A Few Times a Week	A Few Times a Month	Rarely	Not At All
Α.	Sing nursery rhymes like "Jack and Jill" with (him/her)?	01	02	03	04	05	06
В.	Sing songs with (him/her)?	01	02	03	04	05	06
C.	Dance with (him/her)?	01	02	03	04	05	06
D.	Read stories to (CHILD)?	01	02	03	04	05	06
E.	Tell stories to (him/her)?	01	02	03	04	05	06
F.	Play outside in the yard, a park or a playground with (him/her)?	01	02	03	04	05	06
G.	Play chasing games?	01	02	03	04	05	06
Н.	Take (CHILD) on an outing such as shopping, to the park or a picnic?	01	02	03	04	05	06
I.	Take (CHILD) with you to a religious service or religious event?	01	02	03	04	05	06
J.	Take (CHILD) to any type of a museum such as a children's museum, scientific, art or historical museum?	01	02	03	04	05	06
K.	Try to tease (CHILD) to get (him/her) to laugh?	01	02	03	04	05	06

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7.2 In the past month, how often have other family members (READ ITEM)? HOME Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month? CODE ONLY ONE RESPONSE FOR EACH STATEMENT. About More A Few A Few Not Times Than Once Once Times Αt a Dav a Week a Month Rarely ΑII a Dav A. Read stories to (CHILD)? . . . . . . . . . . . . 02 05 06 01 03 04 B. Taken (CHILD) on an outing such as shopping, to the park or on a picnic? . . . . 01 02 03 04 05 06 7.3 In the past year, how often have other family members taken or arranged to take (CHILD) to any type of museum as a children's museum, scientific, art or HOME historical museum? Was it . . . Never, ..... 00 Once or twice, . . . . . . . . . . . . . . . . 01 About once a month, or ....... 03 About once a week or more? .... 04 7.4 In the past month, how many people have helped you out by watching (CHILD) when you were away from home and couldn't take (him/her) with **HOME** you? Would you say . . .

1-2,	01
3-5, or	02
6 or More	03
NONE	00

7.5 Parents sometimes have to be away from home for a night or two. In the past month, have you been away from (CHILD) overnight?

**PROBE:** In the last 30 days.

YES													01
NO													00

7.6	Since (CHILD)'s second birthday, have there ever been periods of <b>one week or more</b> when you and (CHILD) did not live together, either because you were away from home or (CHILD) was away from the home?
	YES 01
	NO
7.7	Since (his/her) second birthday, how many times have you and (CHILD) been separated for a week or more?
	TIMES
	A. Why were you and (CHILD) separated?
	PROBE: Any other reasons?
	CIRCLE ALL THAT APPLY
	CHILD'S ILLNESS 01
	COURT OR AGENCY REMOVED CHILD FROM HOME02
	MOTHER'S WORK SCHEDULE 03
	MOTHER INSTITUTIONALIZED/
	JAILED 04
	MOTHER MOVED ELSEWHERE . 05
	MOTHER'S VACATION 06
	OTHER (SPECIFY) 07
	OTHER (SPECIFY)08
	<u> </u>
	VISITED FATHER/ FATHER-FIGURE 09
	VISITED RELATIVES 10
	MOTHER'S ILLNESS 11
	RELATIVE ILLNESS/DEATH 12
	SCHOOL/MILITARY 13
	CHILD VISITING MOTHER 14
	CHILD'S VACATION/VISITING RELATIVES

The next questions are about some of the ways you may spend your time.

7.8 About how often do you read at home? Is it . . .

#### SHOW CARD 10

### CIRCLE ONE

Every day or almost every day, 01	
A few times a week, 02	
Once a week (Only on Sunday), 03	
A few times a month, 04	
A few times a year, or 05	

7.9 Sometimes the only chance a parent gets to read is when her (child is/children are) asleep or being cared for by someone else. When do you do your own reading? Is it . . .

#### **CIRCLE ONE**

Only when (CHILD's/your children are) around,	01
Only when (CHILD is/your children are) asleep or with someone else,	02
Sometimes when (CHILD is/ your children are) around,	03
Or do you never have the time or opportunity for your own reading?	04

7.10	About how often do you read a newspaper? Is it
TPD	CIRCLE ONE
SHOW	Every day or almost every day, 01
CARD 10	A few times a week, 02
	Once a week (Only on Sunday), 03
	A few times a month, 04
	A few times a year, or 05
	Never? 06
7.11	About how many books do you have in the house? Is it
НОМЕ	PROBE: Books that are written for adults not children.
	<u>CIRCLE ONE</u>
	1-9, 01
	10-20, or 02
	More than 20? 03
	NONE 00
7.12	How many children's books does your child have of (his/her) own? Is it
HOME	CIRCLE ONE
	1-2, 01
	3-9, 02
	10 or more, or 03
	NONE? 00

7.13 HOME

Does (CHILD) have the use of a record player, or tape deck, or CD player, or tape recorder here at home and at least 5 children's records or tapes?

**NOTE:** These may be shared with sister or brother.

YES													01
NO													00

7.14 Parents with young children sometimes help their children learn different skills. Please tell me which of these things you (or another adult or older child) are helping or have helped (CHILD) to learn here at home.

Have you or anyone else in the household helped (CHILD) learn (ITEM)?

	<u>YES</u>	<u>NO</u>
A. Numbers?	01	00
B. The alphabet?	01	00
C. Colors?	01	00
D. Shapes and sizes?	01	00

#### **DISCIPLINE**

Young children sometimes do things they are asked not to do, or don't do things they are asked to do. I'm going to read you three examples of the way children can misbehave. For each one I'd like you to tell me what you do if (CHILD) behaves in this way.

8.1

If (CHILD) keeps playing with breakable things, what do you do first?

PROBE FOR "NEVER HAPPENS": What would you do?

PROBE FOR SECOND RESPONSE: If that doesn't work, then what?

	Α	В
	CODE FIRST MENTIONED	CODE SECOND <u>MENTIONED</u>
NOTHINGIGNORE CHILD	01	01
KEEP (HIM/HER) IN PLAYPEN AND OUT OF EVERYTHING	02	02
SLAP (HIS/HER) HAND WHENEVER (HE/SHE) TOUCHES SOMETHING	03	03
TELL (HIM/HER) "NO!" AND EXPECT (HIM/HER) TO OBEY	04	04
TELL (HIM/HER) "NO!" AND EXPLAIN WHY	05	05
PUT (CHILD) IN (HIS/HER) ROOM	06	06
GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	07	07
SHOUT AT (HIM/HER)	08	08
PUT THINGS OUT OF REACH	09	09
OTHER (SPECIFY)	10	10
OTHER (SPECIFY)	11	11
DISTRACT WITH ACTIVITY	12	12
TAKE CHILD AWAY	13	13
COUNT	14	14
ASK CHILD FOR OBJECT/OR TO PUT OBJECT DOWN/BACK	15	15
NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN)		-4

## 8.2 If (CHILD) refuses to eat, what do you usually do?

HISPANIC HOME

PROBE FOR "NEVER HAPPENS": What would you do?

## **PROBE FOR SECOND RESPONSE:** If that doesn't work, then what?

	Α	В
	CODE FIRST MENTIONED	CODE SECOND <u>MENTIONED</u>
IGNORE (HIM/HER)	01	01
STOP FEEDING (CHILD), (CHILD) PROBABLY NOT HUNGRY	02	02
TAKE FOOD AWAY	03	03
FORCE (CHILD) TO EAT	04	04
PUNISH (HIM/HER) VERBALLY	05	05
PUNISH (HIM/HER) PHYSICALLY	06	06
MAKE NEW FOOD	07	07
PLAY A GAME TO GET (HIM/HER) TO EAT	08	08
BRIBE (HIM/HER)	09	09
EXPLAIN THE IMPORTANCE OF EATING TO (HIM/HER)	10	10
SEND (CHILD) TO (HIS/HER) ROOM	11	11
GIVE (CHILD) "TIME OUT" (HAVE CHILD SIT DOWN OR GO TO ROOM FOR PERIOD OF QUIET TIME)	12	12
OTHER (SPECIFY)	13	13
OTHER (SPECIFY)	14	14
CONTINUE TRYING TO GET CHILD TO EAT, BUT DON'T FORCE (HIM/HER)	15	15
CALL DOCTOR/CHECK TO SEE IF SICK	16	16
NEVER REFUSES TO EAT	17	17
NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN)		-4

8.3 If (CHILD) has a tantrum in a public place, such as a supermarket or bus stop, and words do not work, what do you do?

**PROBE FOR "NEVER HAPPENS":** What would you do?

PROBE FOR SECOND RESPONSE: If that doesn't work, then what?

	Α	В
	CODE FIRST MENTIONED	CODE SECOND <u>MENTIONED</u>
IGNORE (HIM/HER); NOT TALK TO (HIM/HER)	01	01
SLAP OR PHYSICALLY PUNISH (HIM/HER)	02	02
PICK UP CHILD AND LEAVE THE PLACE	03	03
LEAVE AND EXPECT CHILD TO FOLLOW	04	04
PUNISH (HIM/HER) VERBALLY	05	05
SHAKE (HIM/HER)	06	06
SHOUT AT (CHILD)	07	07
TELL (CHILD) YOU WILL PUNISH (HIM/HER) AT HOME	80	08
THREATEN TO TAKE AWAY TREATS	09	09
THREATEN "TIME OUT" WHEN YOU GET HOME	10	10
OTHER (SPECIFY)	11	11
OTHER (SPECIFY)	12	12
GIVE CHILD FOOD	13	13
HOLD CHILD	13	13
DISTRACT/GIVE CHILD SOMETHING TO PLAY WITH	15	15
HASN'T HAPPENED	16	16
TALK TO CHILD	17	17
LET CHILD HAVE/DO WHAT HE/SHE WANTS	18	18
NOTHING ELSE (USE THIS CODE IF ONLY ONE OPTION IS GIVEN)		-4

3.4	Sometimes children mind pretty well and sometimes they don't. In the past
HOME	week, have you or has anyone in the household spanked (CHILD) because
	(he/she) was misbehaving or acting up?

PROBE:	Last seven days.	
	YES	
A. How	often did this happen in the past week	?
	TIMES	

8.5 HOME Most children get angry at their parents from time to time. If your child got so angry that (he/she) hit you, what would you do?

PROBE: Anything else?

#### **CIRCLE ALL THAT APPLY**

HIT (HIM/HER) BACK 0	1
SEND (HIM/HER) TO (HIS/HER) ROOM 0:	2
SPANK (HIM/HER) 03	3
TALK TO (HIM/HER) 04	4
IGNORE IT 09	5
GIVE (HIM/HER) HOUSEHOLD CHORE 00	6
HOLD CHILD'S HANDS UNTIL (HE/SHE) WAS CALM 0	7
OTHER (SPECIFY) 08	8
YELL AT CHILD 09	

## **CHILD BEHAVIOR**

9.0	DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS (SAQ3)?							
	YES							
9.1 CBC	ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE ii FOR FULL CITATION.							

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## STRESSFUL EVENTS

10.0	DID PARENT COMPLETE THE SELF-ADMINISTERED VERSION OF THESE QUESTIONS (SAQ4)?							
	YES 01 <b>→ GO T</b> 0	SECT	ION 1	1				
	NO 00 → CONT	INUE						
10.1	I am going to read you a list of things that sometimes happelike to know which of these, if any, have happened to you in	•	•					
	A. Have you had a relative or close friend in jail?	01	00					
	B. Has someone you were close to died or been killed in the last year?	01	00					
	C. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?	01	00					
	D. Has someone abused you physically, emotionally, or sexually?	01	00					

10.2

From FACES

For each of the following items, please tell me how often each one happened to you in the past year?

(READ ITEM.) Has this happened never, once, or more than once?

#### CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

					(DO NOT READ)
		NEVER	ONCE	MORE THAN ONCE	REFUSED
a.	I heard or saw violent crime take place in my neighborhood	01	02	03	-3
b.	I know someone who was victim of a violent crime in my neighborhood	01	02	03	-3
C.	I was a victim of violent crime in my neighborhood	01	02	03	-3

10.3		been a witness to	: alaat .	- 44 - 01 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	
10.5	128 (C.HILL)	neen a wiiness io	a vioieni (	:iime in ine	nasi vear

10.4 Has (CHILD) been a witness to domestic violence in the past year?

10.5 Has (CHILD) been the victim of a violent crime in the past year?

#### HOW PARENT HAS BEEN FEELING

11.1 In general, would you say your health is . . .

MOS 1,3

Excellent, 01
Very good, 02
Good,
Fair, or
Poor?

11.2 CESD SHORT I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how <u>often</u> you have felt this way during the <u>past</u> <u>week</u>.

SHOW CARD 16 How often during the <u>past week</u> have you felt (READ STATEMENT)--would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time? **REPEAT FOR B-L AND CIRCLE ONE CODE FOR EACH.** 

**PROBE:** During the last 7 days.

#### CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)
A. Bothered by things that usually don't bother you	01	02	03	04
B. You did not feel like eating; your appetite was poor	01	02	03	04
C. That you could not shake off the blues, even with help from family and friends .	01	02	03	04
You had trouble keeping your mind on what you were doing	01	02	03	04
E. Depressed	01	02	03	04
F. That everything you did was an effort	01	02	03	04
G. Fearful	01	02	03	04
H. Your sleep was restless	01	02	03	04
I. You talked less than usual	01	02	03	04
J. You felt lonely	01	02	03	04
K. You felt sad	01	02	03	04
L. You could not get "going"	01	02	03	04

## WRAP UP QUESTIONS FOR RESPONDENT

12.1	Before we finish up, I have a few questions about how typical today was.
	Was this a typical day for (CHILD)?
	PROBE: Don't count my being here.
	YES
	A. Why not?
	PROBE: Any other reasons?
	CIRCLE ALL THAT APPLY
	CHILD WAS SICK OR TEETHING 01
	PARENT WAS SICK 02
	CHILD OFF SCHEDULE (DID NOT SLEEP, EAT, WAKE UP, ETC. AT
	REGULAR TIME
	CHILD BEHAVIOR DIFFERENT IN OTHER WAY
	FEWER CHILDREN AROUND THAN
	USUAL
	MORE CHILDREN AROUND THAN
	USUAL 06
	TANTRUMS/ACTED UP/LESS COOPERATIVE THAN USUAL 07
	MORE COOPERATIVE THAN USUAL/ UNUSUALLY WELL BEHAVED 08
	OTHER (SPECIFY)
	CHILD USUALLY AT DAY CARE/
	PARENT AT WORK 10

12.3	Did you do anything differently because I was here?
	YES 01 NO 00 → <b>GO TO Q12.4</b>
	A. What did you do differently?
	PROBE: Anything else?
	CIRCLE ALL THAT APPLY
	CHANGED ENVIRONMENT (CLEANED, MOVED FURNITURE, ETC.) 01
	INTERACTED LESS WITH CHILDREN 02
	INTERACTED MORE WITH CHILDREN
	FELT UNCOMFORTABLE 04
	CHANGED BABY'S SCHEDULE (KEPT AWAKE, DIDN'T FEED, ETC.) 05
	WOULD HAVE GONE OUT 06
	WOULD HAVE CLEANED 07
	WOULD HAVE SPANKED/POPPED/ SLAPPED CHILD
	OTHER (SPECIFY)
	GOT UP EARLY/EARLIER THAN USUAL10
	DIDN'T WATCH TV/FAVORITE SHOW(S) 11
	MOTHER'S/PRIMARY CAREGIVER'S SCHEDULE CHANGED

12.4	Did (CHILD) do anything differently because I was here?
	YES 01
	NO 00 → <b>GO TO Q12.5</b>
	A. What did (CHILD) do differently because I was here?
	PROBE: Anything else?
	CIRCLE ALL THAT APPLY
	SHOWED OFF 01
	WATCHED THE OBSERVER 02
	WAS QUIET, LESS ACTIVE 03
	CRIED MORE 04
	OTHER (SPECIFY) 05
	SHORTER NAP/NO NAP 06
	TANTRUMS/DIFFICULT/ FRUSTRATED 07
	MORE ACTIVE 08
	CURIOUS ABOUT INTERVIEWER/
	ASSESSMENTS/TOYS 09
	PLAYED MORE/PLAYED WITH NEW TOYS 10
	LEARNED/DID NEW ACTIVITIES 11

12.5	Was the daily routine different because I was here?
	YES 01
	NO 00 → <b>GO TO Q12.6</b>
	A. What was different?
	PROBE: Anything else?
	CIRCLE ALL THAT APPLY
	STAYED AT HOME OR INSIDE WHEN WOULD HAVE GONE OUT
	DELAYED NAPS OR MEALS 02
	OFFERED MORE ACTIVITIES FOR CHILD
	POSTPONED DOING CHORES, PHONE CALLS, TAKING SHOWER, HAVING FRIEND OVER 04
	OTHER (SPECIFY) 05
	WOULD BE IN DAY/CHILD CARE/ SCHOOL 06
12.6	Has (CHILD) had a cold or other kind of respiratory infection in the past week?
scs	YES 01
	NO 00

12.7	_ast night, how did (CHILD) sleep? Did (he/she) sleep through the night or wake				
scs	up? <u>CIRCLE ONE</u>				
	SLEPT THROUGH THE NIGHT 01				
	WOKE UP DURING THE NIGHT AND NEEDED CHANGING, TO GO TO BATHROOM OR FOOD 02				
	DID NOT SLEEP WELL 03				
FOLLOW-UP	INTERVIEW WITH CHILD CARE PROVIDER				
12.8	CHECK QUESTION 4.13A. IS THERE AN ELIGIBLE PROVIDER?				
	YES				
	FULL NAME OF PROVIDER OR CENTER:				
	OFFICE ONLY				
	PROVIDER ID:   _ _				

12.9	For another part of this study we would like to spend a little time with (CHILD) when (he/she) is in child care. We would like your consent to contact (PROVIDER) and ask (him/her/the center) if we may observe (CHILD) when (he/she) is there. We will give (PROVIDER/CENTER) \$20 for participating.				
	Is it okay for us to contact (PROVIDER/CENTER)?				
	YES				
	A. In order for us to contact (PROVIDER), we would like you to sign this consent form so that (PROVIDER) will know that you have given your okay for this visit. We would not want to ask (PROVIDER) to let us in without being able to show (him/her/them) something from you.				
	HAND RESPONDENT CONSENT FORM AND READ WITH HER				
	B. Please tell me (his/her/THE CENTER'S) address and telephone number.				
	ADDRESS:				
	PHONE NUMBER: ( )				
	C. We would appreciate your telling (PROVIDER) that we will be calling (him/her/them) in a few days.				

#### FOLLOW-UP INTERVIEW WITH FATHER/FATHER-FIGURE:

**NOTE TO INTERVIEWER:** IF YOUR SITE IS NOT VIDEOTAPING FATHERS, DROP THE WORDING IN BRACKETS. THIS VISIT WILL ONLY BE 1 HOUR.

#### 12.10 INTERVIEWER: CHECK QUESTIONS 5.2 AND 5.3

A. DOES CHILD LIVE WITH (HIS/HER) BIOLOGICAL FATHER?

YES ......  $01 \rightarrow GO TO Q12.11$ NO ..... 00

B. CHILD HAS . . .

FOLLOW INSTRUCTIONS IN BOX BELOW

NO BIOLOGICAL FATHER
(RESIDENT OR NON-RESIDENT)
AND NO FATHER-FIGURE . . . . . 04 → GO TO Q12.15,
PAGE 66

IF YOUR SITE WILL ONLY INTERVIEW ONE FATHER OR FATHER-FIGURE, **GO TO Q12.12.** 

IF YOUR SITE WILL INTERVIEW BOTH THE NON-RESIDENTIAL FATHER AND THE FATHER-FIGURE, **GO TO Q12.13**, **PAGE 63** 

12.11 (F	BIOLOGICAL	FATHER OR	<b>FATHER-F</b>	FIGURE ONLY—	-CHOOSE APPROPRIATE	E LANGUAGE)
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We would like to have a chance to talk to (FATHER/FATHER-FIGURE) and ask him some of the same types of questions we have asked you. [And we'd also like to videotape him playing with (CHILD).] The interview [and videotaping] will take about 1 [½] hours and we would give him \$20 to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

A. What is his full name?

#### **GO TO Q12.14, PAGE 65**

#### 12.12 (CHILD HAS BOTH NON-RESIDENT BIOLOGICAL FATHER **AND** FATHER-FIGURE)

We would like to have a chance to talk to the man who spends the most time with (CHILD) and is most important in (his/her) life. We would like to ask this person some of the same types of questions we have asked you. [And we'd also like to videotape him playing with (CHILD).] The interview [and videotaping] will take about 1 [½] hours and we would give him \$20 to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

REFER TO (Q5.14, Q5.15) AND (Q5.30 AND Q5.31).
PAGE 29 PAGE 34

I see from what you told me earlier that (CHILD) spends more time with (NON-RESIDENT FATHER OR FATHER-FIGURE) than with (NON-RESIDENT FATHER OR FATHER-FIGURE). Is (NON-RESIDENT FATHER OR FATHER-FIGURE) the person I should interview (and videotape with [CHILD])?

YES	01 <b>→ GO TO B</b>
NO	00 <b>→ GO TO A</b>

A. Why do you feel we should interview (FATHER/FATHER-FIGURE)? RECORD VERBATIM

B. RESPONDENT'S CHOICE IS . . .

NON-RESIDENT FATHER ..... 01 FATHER-FIGURE ..... 02

C. What is his full name?

**GO TO Q12.14, PAGE 65** 

## SITE INTERVIEWING BOTH FATHER/FATHER-FIGURE:

12.13	We would like to talk to both (CHILD)'s father and the man who spends the most time with (CHILD) and is important in (his/her) life and is like a father to the child. We'd like to ask these persons separately some of the same types of questions we have asked you. [And we'd like to videotape the FATHER-FIGURE playing with (CHILD).] The interview [and videotape] would take about 1 [½] hour[s] and we would give them each \$20 to thank them for helping us learn more about (CHILD) and his relationship with (him/her).			
	`	ATHER-FIGURE) the person we should ir r-figure?	nterview as the (CHILD)'s	
		YES	01 <b>→ GO TO B</b>	
		NO	00	
	A-1.	Is there somebody else we should intervine important man in (CHILD)'s life?	view that you feel is an	
		YES	01	
		NO	00 <b>→ GO TO E</b>	
	A-2.	Who would that person be?		
		NAME:		
	A-3.	So we can understand the change, pleashould interview (NEW) instead of (OLD		
	B. Is he	available now to talk with me about the in	nterview?	
		YES	01	
		NO	00 → <b>GO TO Q12 13F</b>	

C.	May I	talk to (FATHER-FIGURE) now to discuss	s this study with him?
		YES	
D.	study. the st	e tell (FATHER-FIGURE) that we will be c I would like to leave this letter with you fould.  When would be the best time for me CORD DATE AND TIME ON CONTACT S	or him. The letter explains to reach him?
Ε.	have a	it comes to (NON-RESIDENT BIOLOGIC any objections to us attempting to reach hot be asking him to be videotaped with (Ch	im to be in this study? We
		YES	
F.	1)	What is the best way to reach him?	
		_	
	2)	Please tell me (NON-RESIDENT BIOLOG address and telephone number.	GICAL FATHER)'s
		GO TO Q12.14	

Parent Interview 3-Year-Olds 64

G. It is possible that some of the fathers will hear about this study and will ask us to become a part of it. If he approaches us, we'd still like to talk with him. If he calls us, may we talk with him? We will not be asking him to be videotaped with (CHILD).
RECORD HER RESPONSE
CONTINUE WITH Q12.15
IS FATHER/FATHER-FIGURE PRESENT?
YES 01
NO 00 → <b>GO TO B</b>
A. After we finish, may I talk to (FATHER/FATHER-FIGURE) to discuss this study with him?
YES
NO 00
B. Please tell (FATHER/FATHER-FIGURE) that we will be calling him (in a month or two) to discuss this study. I would like to leave this letter with you for him. The letter explains the study. When would be the best time for me to reach him?
RECORD DATE AND TIME ON CONTACT SHEET
C. What is the best phone number for me to use to reach (FATHER/FATHER-FIGURE)?

12.14

	D. IS TH	IIS A NON-RESIDENT FATHER/FATHER-FIGURE?
		YES
	1)	Please tell me (FATHER/FATHER-FIGURE)'s address
	2)	If we have trouble reaching (FATHER/FATHER-FIGURE), is there someone else who would be able to help us find (father/father-figure).
12.15		R SITE DOING VIDEOTAPING OF THE CHILD AND A FATHER OR R-FIGURE?
		YES 01
		NO 00 → <b>GO TO Q12.16</b>
		E YOU IDENTIFIED A NON-RESIDENT FATHER OR NON- DENT FATHER-FIGURE AS THE PERSON TO VIDEOTAPE?
		YES
		O THE "REQUEST TO VIDEOTAPE CHILD AND FATHER/FATHER- RE" FORM WITH THE PARENT AND ASK HER TO SIGN THE M.

#### TRACKING INFORMATION AND INTERVIEWER OBSERVATIONS

Thank you for letting me spend this time here. I would like to thank you for participating in the survey and will give you \$15 and this gift in just a few minutes. We plan to contact you again in a few months and we need to know how to get in touch with you.

INTERVIEWER: VERIFY ALL INFORMATION ON CONTACT SHEET AND PEOPLE WHO CAN HELP FIND ME FORM, THEN ASK:

Is there anyone else I can contact who will know how to get in touch with you?

INTERVIEWER: COLLECT NAMES, ADDRESSES, PHONE NUMBERS AND

RELATIONSHIPS OF PEOPLE WHO CAN HELP FIND

RESPONDENT. WRITE INFORMATION CLEARLY ON PEOPLE

WHO CAN HELP FIND ME FORM.

- A. IF POSSIBLE, BE SURE TO COLLECT TRACKING INFORMATION FOR RESPONDENT'S:
  - PARENTS
  - GRANDPARENTS
  - SIBLINGS
- B. CROSS OUT ANY CONTACTS THAT ARE NO LONGER VALID.
- C. UPDATE AND CORRECT THE INFORMATION FOR CONTACTS THAT ARE STILL VALID.

USE BACK OF PEOPLE WHO CAN HELP FIND ME FORM FOR ADDITIONAL INFORMATION IF NECESSARY.

12.16
12.16

YES 01 →	Read in-person contact script to him.
NO	CONTINUE WITH CLOSING

#### 12.17 **CLOSING**

Thank you very much. Those are all our questions. We'll be back in touch in a few months.

#### INTERVIEWER OBSERVATIONS OF HOME ENVIRONMENT

INTERVIEWER: PLEASE COMPLETE THIS SECTION AFTER YOU LEAVE THE RESPONDENT'S HOME. ANSWER ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE MOTHER/CHILD INTERACTIONS AT THE TIME OF YOUR VISIT. PARENT-CHILD INTERACTION Α. 13A.1 MOTHER USES CORRECT GRAMMAR AND PRONUNCIATION. To receive credit the mother must be able to communicate with you. Pronunciation with enough precision that the mother can be understood is more important than precise grammar. EASILY UNDERSTOOD . . . . . . . . . . . 01 NOT EASILY UNDERSTOOD ..... 00 WHEN SPEAKING OF OR TO CHILD, MOTHER'S VOICE CONVEYS 13A.2 POSITIVE FEELING. Is the mother pleased with her child? Does she enjoy (him/her) and talk about (him/her) in a pleasant, joyful manner rather than talk in a flat tone which communicates, "She's here, so I'll put up with her." NOT POSITIVE ..... 00 13A.3 MOTHER CONVERSES WITH CHILD AT LEAST TWICE DURING VISIT (SCOLDING AND DEGRADING COMMENTS ARE NOT COUNTED). This item involves maternal conversation, not just vocalization which can be any sounds or words exchanged with the child. The mother must make an effort to converse with the child and ask questions, to talk about things, or to

DID NOT CONVERSE ..... 00

engage in verbal interchange other than scolding or degrading comments.

13A.4	MOTHER ANSWERS CHILD'S QUESTIONS OR REQUESTS VERBALLY. In order to receive credit for this item the mother must make an effort to answer the question for the child. If the mother is unable to answer it at the moment, she may tell the child she doesn't know but that they will look up the answer later. Responses such as "Mother's busy, go away" or "Don't bother me now" do not receive credit.
	ANSWERS 01
	DID NOT ANSWER 00
13A.5	MOTHER USUALLY RESPONDS VERBALLY TO CHILD'S TALKING. The key here is that the mother recognizes and acknowledges the child's vocalizations and does not ignore them. For a score of "01" the response may be a word or series of words or sounds such as, "Uh huh," "Um" or "Sure." If the child does not vocalize in any way during the interview, thereby giving no opportunity for response, the score would be "00."
	RESPONDS VERBALLY 01
	DOES NOT RESPOND VERBALLY 00
13A.6	MOTHER SPONTANEOUSLY PRAISES CHILD'S QUALITIES OR BEHAVIOR TWICE DURING VISIT.  The key word here is "spontaneous," but since most mothers enjoy talking about and are proud of their children, this is not too hard to observe. Frequently a mother will tell you how well her child throws a ball or runs and will brag on how well he/she dresses himself/herself or can get his/her own drink.
	SPONTANEOUS PRAISE 01
	NOT SPONTANEOUS PRAISE 00
13A.7	MOTHER CARESSES, KISSES OR CUDDLES CHILD AT LEAST ONCE DURING VISIT.  This need not be a wild burst of showy affection. Simple signs of concern such as a mother gently tucking the child's shirt in, holding him/her on her lap, holding a hand, or a gentle pat on the shoulder would all receive a "01."
	AFFECTIONATE 01
	NOT AFFECTIONATE 00

134.6	DURING VISIT.  Does the mother consciously get the child to sing a song, count, show how a toy works or anything that allows the child to do something to impress the visitor?
	SHOW OFF 01
	DID NOT SHOW OFF 00
13A.9	MOTHER INTRODUCES INTERVIEWER TO CHILD.  A formal introduction is not necessary for credit. A comment such as, "This is Mrs. Jones, she's here to talk to us," or "Show Mrs. Jones the new book you got for your birthday" will receive credit. The object is for the mother to make the child aware of the visitor's name and the fact that she has come to visit both of them and not just the mother.
	INTRODUCE 01
	DID NOT INTRODUCE
13A.10	MOTHER USES COMPLEX SENTENCE STRUCTURE AND SOME LONG WORDS IN CONVERSING.  If the mother makes an attempt at carrying on a regular conversation instead of just finding a way to answer all of the questions with "Yes" or "No" or "I don't know" and not giving any explanation, this should be scored "01."
	COMPLEX 01
	NOT COMPLEX 00
13A.11	MOTHER DOES NOT SCOLD (YELL) OR DEROGATE CHILD MORE THAN ONCE DURING VISIT.  In this item all remarks must be made to the child; that is, the mother must tell the child that he is a bad boy and not simply tell the interviewer that the child is bad. If this occurs more than once during the visit, the item should be scored "00."  DID NOT SCOLD

## MOTHER DOES NOT USE PHYSICAL RESTRAINT, SHAKE, GRAB, OR 13A.12 PINCH CHILD DURING VISIT. In a younger child the mother might be apt to hold the child in her lap even though the child struggles to get down. An older child might be placed in a chair to keep him/her out of the way, or he/she might be jerked back for handling items on a table or pulled away if he/she tried to climb on the interviewer's lap. DID NOT USE RESTRAINT .......... 01 RESTRAINED . . . . . . . . . . . . . . . . 00 13A.13 MOTHER NEITHER SLAPS OR SPANKS CHILD DURING VISIT. This item goes hand in hand with No. 13A.12. In this item the slaps and spanks must be in anger or as a reprimand for some wrongdoing. An affectionate pat on the bottom as the mother sends the child out to play does not mean the item should receive a "00." DID NOT SLAP OR SPANK ...... 01 SLAPPED OR SPANKED . . . . . . . . . . . . 00 B. PHYSICAL ENVIRONMENT STRUCTURAL SAFETY OF THE HOME: THE HOME'S STATE OF 13B.1 DISREPAIR OR NEGLECT AND THOSE ASPECTS OF THE PHYSICAL ENVIRONMENT THAT COULD BE POTENTIALLY DANGEROUS TO A YOUNG CHILD. CIRCLE ONE Parts of the home appear unsafe; home creates a dangerous environment for the preschool child; plaster coming off ceiling or walls; stairway with boards missing; exposed electrical wiring; kitchen cabinets do not have doors . . . . . . . . . . . . . . . . . . 01 Home is neither unsafe nor safe; some obvious safety modifications and repairs to physical environment are needed but the environment does not suggest imminent harm or danger to preschool child; water stains on some ceilings or walls, wallpaper

No obvious repairs to the home are

HOME DECOR: ATTEMPTS TO CREATE A "HOMEY" ENVIRONMENT.
RATERS SHOULD BE CAREFUL TO AVOID MAKING JUDGMENTS
ABOUT THE ATTRACTIVENESS OR STYLE OF DECOR (E.G., DO NOT INCLUDE PERSONAL BIASES ABOUT "TASTEFUL" OR "TACKY" DECOR).

#### **CIRCLE ONE**

Home is devoid of decoration (e.g., dark rooms, drapes drawn or no window treatments, no pictures, nick-nacks or plants; no or insufficient furniture in significant living areas such as living room or dining room)	01
Minimal decoration (e.g., bare walls, but one or two table nick-nacks or pictures, bare minimum furniture present such as one couch or one table in the living room)	02
Reasonable amount of furniture and room decorations such as nick-nacks, pictures, wallhangings; curtains or window treatments allow light to enter rooms	03
RIFNDI Y HOMF: HOW CHII D-FRIENDI Y I	S THE

13B.3 CHILD-FRIENDLY HOME: HOW CHILD-FRIENDLY IS THE HOME ENVIRONMENT? CAPTURE THE DEGREE OF STIMULATION AVAILABLE TO CHILD BASED ON THE PRESENCE OF MATERIALS FOR PLAY AND LEISURE AND THE ACCESSIBILITY OF THESE MATERIALS TO A YOUNG CHILD. CIRCLE ONE

#### CIRCLE ONE

for use by a preschool	01
Presence of some toys, games and books for preschool age child; toys may be broken or nappropriately dirty; toys and games are generally not within easy reach of the preschool child age child	02
Many toys, games and books for preschool age child are in view and could be easily accessed by a child	03

# 13B.4 ADEQUATE LIVING SPACE FOR NUMBER OF INDIVIDUALS IN THE HOME: THE RELATIVES ROOMINESS OF THE HOME ENVIRONMENT. CIRCLE ONE

#### CIRCLE ONE

Inadequate living space available, overcrowded living conditions (e.g., a one bedroom home where preschool child sleeps in parents' bedroom or living room, three or more individuals in one bedroom, preschool child has no other play area than his bedroom) 01	
Living space is adequate though somewhat cramped (e.g., house does not have living space that would be the equivalent of at least one 9' x 12' room per person) 02	
Adequate or better living space in the home as indicated by at least one 9' x 12' room per person (e.g., preschool child has his/her own bedroom in addition to indoor play area or playroom; parents and other siblings have their own bedroom, living room and dining room present)	

13B.5 **INTERPERSONAL SPACE**: THE "BUSY-NESS" OF THE HOME ENVIRONMENT--THE INTERPERSONAL TRAFFIC ENCOUNTERED DURING THE HOME VISIT.

#### CIRCLE ONE

There are many people in the home (e.g., 4-5 related or unrelated individuals not including preschool child and parents) which makes it difficult to find a private place to interview child and parent	01
There are one to three related or unrelated individuals in the home making it difficult to have private time with the parent or the child because of frequent interruptions and disruptions	02
It is easy for individuals to have a private space where there are no interruptions from others	03

#### 13B.6 OVERALL PHYSICAL ORGANIZATION OF THE HOUSE:

#### CIRCLE ONE

Home is cluttered making it difficult to walk around objects, unable to find a clear space to do assessment activities . . . . . . . . . . . 01

Home is moderately cluttered with clothes and other items out and not put away, (e.g., vacuum cleaner out, children's schoolwork scattered in living room area, several pairs of shoes and boots scattered throughout home, objects and clothes line staircases) . . . . . . . 02

Home is neat and generally organized ...... 03

#### 13B.7 **CLEANLINESS:**

#### CIRCLE ONE

Home is clean and appears to have been cleaned recently or on a regular basis ...... 03

13B.8 **OUTSIDE PLAY ENVIRONMENT:** REFERS TO AREAS OUTSIDE, BUT CONNECTED TO, THE HOME WHERE A YOUNG CHILD COULD PLAY, INCLUDING ANY BACKYARD SPACE AND THE AREA IN FRONT OF THE HOME. THE RATING SHOULD INCLUDE ADEQUACY OF SPACE OF PLAY AREA.

#### **CIRCLE ONE**

Home has no outside play area or play area is littered with garbage, dangerous objects (e.g., broken glass) or other hazards (e.g., broken toys with sharp edges, large ditches)	01
Preschool child could not safely use play area unsupervised (e.g., too close to street, next to "hang-out" for older children and adults); backyard area is too small for a young child's outdoor activities (e.g., 10' x 10' enclosed	
area)	02
Safe play area of adequate space with several toys or activity props	03

13B.9 CONDITION OF STREET WHERE CHILD LIVES: THE CONDITION OR QUALITY OF THE ENVIRONMENT DIRECTLY OUTSIDE THE CHILD'S HOME. RATINGS ARE BASED ON THE NEIGHBORHOOD AS SEEN FROM THE FRONT OR THE BACK OF THE CHILD'S HOME (E.G., THE BLOCK OR STREET ON WHICH THE CHILD LIVES).

#### **CIRCLE ONE**

streets and on the sidewalks, abandoned buildings	01
There may be one abandoned car, graffiti on one or two walls in the neighborhood or on a mailbox yet most homes are well-kept and have generally clean and well-maintained sidewalks	02
No evidence of debris or garbage in the streets; houses and yards appear well-maintained	03

C.	INTERVIEWER OBSERVATIONS		
13C.1	DURING THE ENTIRE VISIT, HOW AT EASE DID THE PARENT APPEAR?		
	CIRCLE ONE		
	VERY UNCOMFORTABLE 01		
	SLIGHTLY ILL AT EASE		
	MODERATELY COMFORTABLE 03		
	COMPLETELY COMFORTABLE AND AT EASE . 04		
13C.2	DURING THE ENTIRE VISIT, HOW DISRUPTIVE DO YOU THINK YOUR PRESENCE WAS?		
	CIRCLE ONE		
	NOT AT ALL DISRUPTIVE 01		
	MINIMALLY DISRUPTIVE 02		
	MODERATELY DISRUPTIVE 03		
	HIGHLY DISRUPTIVE 04		
13C.3	DURING THE ENTIRE VISIT, HOW MUCH DID THE CHILD TRY TO INTERACT WITH YOU?		
	CIRCLE ONE		
	DIDN'T NOTICE YOU AT ALL 01		
	A FEW GLANCES OR SMILES ONLY 02		
	QUITE NUMEROUS GLANCES, SMILES, VOCALIZATIONS		
	PROLONGED WATCHING AND NUMEROUS ATTEMPTS TO INTERACT		

13C.4	INTERVIEWER: ANSWER THESE QUESTIONS ABOUT YOUR KNOWLEDGE OF THE TREATMENT STATUS OF THE FAMILY.
	A. DO YOU KNOW THE TREATMENT STATUS OF THIS FAMILY?
	YES
	B. WHEN DID YOU FIND OUT?
	CIRCLE ONE
	BEFORE VISITFROM EARLIER CONTACT
	BEFORE VISITFROM OTHER STAFF 02
	DURING VISIT 03
13C.5	INTERVIEW CONDUCTED IN:
	CIRCLE ONE
	ENGLISH 01
	SPANISH 02
	OTHER LANGUAGE (SPECIFY) 03
	<u> </u>

13C.6	I HAVE READ THIS COMPLETED QUESTIONNAIRE AND CERTIFY THAT ALL QUESTIONS REQUIRING ANSWERS HAVE BEEN APPROPRIATELY FILLED IN, AND THAT THIS INTERVIEW HAS BEEN ADMINISTERED TO THE DESIGNATED SAMPLE MEMBER.		
	INTERVIEWER	-   _ _  ID NUMBER	
	DATE		